



Office Of

ROB SIMMONS

CONGRESSMAN ♦ 2ND DISTRICT ♦ CONNECTICUT

Application for Nomination to the U.S. Service Academies

DATE: _____

LIST ACADEMIES IN ORDER OF PREFERENCE:

- ___ U.S. MILITARY ACADEMY
___ U.S. NAVAL ACADEMY
___ U.S. AIR FORCE ACADEMY
___ U.S. MERCHANT MARINE ACADEMY

FULL
NAME: _____

LAST

FIRST

MIDDLE

PARENT(S) OR
GUARDIAN(S) _____

PERMANENT
ADDRESS _____

ZIPCODE _____ COUNTY _____ TELEPHONE _____

E-MAIL ADDRESS _____

TEMPORARY

ADDRESS (IF ANY) _____

ZIPCODE _____ COUNTY _____ TELEPHONE _____

DATE OF BIRTH _____ S.S.# _____ SEX: M / F

215 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1313
(202) 225-2076

2 COURTHOUSE SQUARE
5TH FLOOR
NORWICH, CT 06360
(860) 886-0139

37-39 PEARL STREET
ENFIELD CT 06280
(860) 741-4053

Application for Nomination to the U.S. Service Academies (2)

ATTENDING _____ HIGH SCHOOL

DATE OF GRADUATION FROM HIGH SCHOOL _____

ACT SCORES:

ENGLISH _____ MATH _____ READING _____

SCIENCE REASONING _____ COMPOSITE SCORE _____

SAT SCORES: VERBAL _____ MATH _____ GPA: _____

MY APPROXIMATE CLASS STANDING IS _____ IN A CLASS SIZE OF _____

ATHLETIC ACTIVITIES AND AWARDS (USE BOTTOM OF SECOND PAGE FOR ANY
ADDITIONAL SPACE NECESSARY)

NON-ATHLETIC SCHOOL ACTIVITIES AND AWARDS (NATIONAL HONOR
SOCIETY, CLUBS, CHEERLEADING, DRAMA, ETC.) (USE BOTTOM OF PAGE FOR
ANY ADDITIONAL SPACE NECESSARY)

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Application for Nomination to the U.S. Service Academies (3)

ACTIVITIES OUTSIDE OF SCHOOL (WORK, SCOUTING, CHURCH, COMMUNITY, ETC.) _____

STATEMENT, IN 50 WORDS OR LESS, WHY YOU WISH TO ENTER ONE OF THE U.S. SERVICE ACADEMIES.

Date _____ Printed Name _____

Signature: _____

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*THIS FORM **MUST** BE COMPLETED BY EITHER A HIGH SCHOOL GUIDANCE COUNSELOR OR HIGH SCHOOL TEACHER ON BEHALF OF A CANDIDATE FOR CONGRESSIONAL NOMINATION TO ONE OF THE UNITED STATES MILITARY ACADEMIES.*

NAME OF APPLICANT _____
First Middle Last

ADDRESS: _____

CITY, STATE, and ZIP CODE: _____

NAME OF SCHOOL: _____

APPLICANT'S YEAR IN SCHOOL: _____ NUMERICAL RANK JR. YEAR: _____

G.P.A. _____ SAT SCORES: Verbal: _____ Math: _____ ACT SCORES: _____

LEADERSHIP CHARACTERISTICS: _____

PERSONALITY TRAITS: _____

ABILITY TO WORK UNDER PRESSURE: _____

ABILITY TO GET ALONG WITH OTHERS: _____

SCHOOL ACTIVITIES IN WHICH APPLICANT PARTICIPATES: _____

GENERAL COMMENTS AND/OR RECOMMENDATION (Please complete this section as your comments are most helpful) _____

Counselor/Teacher Signature: _____